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California's Health Care Workforce — Are We Ready for the ACA?

Catherine Dower

Burlingame, February 3, 2012



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California's Health Care Workforce: Readiness for the ACA Era

Team:

*Tim Bates, MPP; Lisel Blash, MPA;
Susan Chapman, BSN, MSN, PhD; Catherine Dower, JD;
and Edward O'Neil, FAAN, MPA, PhD.*

Sponsor:

Funded by The California Wellness Foundation

Impetus:

PPACA and Governor's taskforce



RESEARCH REPORT

California's Health Care Workforce: Readiness for the ACA Era

Prepared by the
Center for the Health Professions, UCSF
With a Grant from
The California Wellness Foundation

by Tim Bates, MPP; Lisel Blash, MPA, MS; Susan Chapman, BSN, MSN, PhD;
Catherine Dower, JD; and Edward O'Neill, FAAN, MPA, PhD.



RESEARCH BRIEF

California's Health Care Workforce— Are We Ready for the ACA?

Tim Bates, MPP; Lisel Blash, MPA, MS; Susan Chapman, BSN, MSN, PhD; Catherine Dower, JD;
and Edward O'Neill, FAAN, MPA, PhD
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ABSTRACT

This research brief summarizes the report *California's Health Care Workforce: Readiness for the ACA Era*. The brief and corresponding report explore the current and future capacity of California's health care workforce to meet the expected increase in demand resulting from expanded insurance coverage under the Patient Protection and Affordable Care Act (ACA). Both documents present data, analyses, and policy recommendations for addressing the workforce challenges presented by the ACA.

The Patient Protection and Affordable Care Act (ACA) provides an unprecedented opportunity to address structural issues in the US health care system. Much of the work will reside at the state level, and California is taking a lead in improving financing and organizational structures. Meaningful decisions about expanding coverage and moving to new practice models require solid workforce data and analysis. *California's Health Care Workforce: Readiness for the ACA Era* uses key informant interviews, detailed analyses of the California Department of Consumer Affairs (DCA) Professional

License Masterfile, a literature review, and an environmental scan to highlight the challenges of comparing data across professions and identifying and analyzing the options for meeting workforce needs in the context of the current economic environment.

What are the drivers that affect the quantity and quality of California's health care workforce?

Several forces are exerting pressure on the state's health workforce to expand and evolve. Demographic factors include a population that is projected to grow 15% in the next 20 years, an increasingly culturally diverse and aging population, and an increase in chronic disease burden.

Market forces are also bringing about change. Advances in health information technology both facilitate and demand workflow redesign, providing unprecedented opportunity and challenge. New models of care such as retail clinics and school- and work-based clinics are emerging to offer enhanced access to health care.

Perhaps most dramatically, the state is poised to implement the Patient Protection and Affordable Care Act, which will in part expand coverage to four to six million more Californians. Undocumented residents are not covered by the ACA, and this continues to provide special challenges to the state's safety net providers.

- There are over a million individuals in California's health care workforce.
- Geographic maldistribution of health care professionals has resulted in shortages in some areas of the state, and surpluses in others.
- Existing datasets are not standardized across the health professions and contain significant gaps.
- The health professions are overall not reflective of the state's ethnic and racial diversity.
- California has numerous health professions education programs, but many are oversubscribed.
- Practice models are changing in response to new pressures and opportunities.

Methodology

- Key informant interviews
- CA Department of Consumer Affairs
Professional License MasterFile
- Literature review
- Environmental scan



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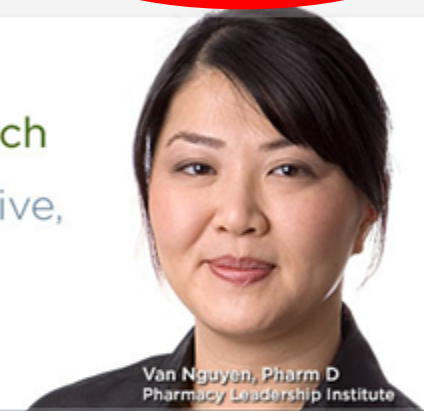
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Van Nguyen, Pharm D
Pharmacy Leadership Institute

MONTHLY HOT TOPIC

Is Primary Care Necessary?

AUTHOR: Ed O'Neill



No, it is essential. At the most macro level it has always been interesting to me that those nations that seem to take better care of their citizens for less money have the exact reverse proportions of providers—greater numbers of primary care providers than specialists;

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California's Health Care Workforce: Readiness for the ACA Era

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California's Health Care Workforce: Readiness for the ACA Era

November 09, 2011

CATEGORIES: Workforce, Supply & Demand, Recruitment and Retention, Education and Training, Forecast, Diversity, Health Policy, Economics and Financing, Laws and Regulations, Language Services, Cultural Competence, Population Demographics, Quality Improvement, Scopes of Practice

TAGS: Allied Health, Dentistry, Complementary Medicine, Medicine, Nursing, Pharmacy, Public Health, Mental/Behavioral Health

AUTHOR: Timothy Bates, Lisel Blash, Susan Chapman, Catherine Dower, Ed O'Neil

REPORT: This comprehensive report, sponsored by the California Wellness Foundation, explores the current and future capacity of California's health care workforce to meet the expected increase in demand resulting from expanded insurance coverage under the Patient Protection and Affordable Care Act (ACA). California's Health Care Workforce: Readiness for the ACA Era uses key informant interviews, detailed analyses of the California Department of Consumer Affairs (DCA) Professional License Masterfile, a literature review, and an environmental scan to highlight the challenges of comparing data across professions and identifying and analyzing the factors for meeting workforce needs in the context of the current economic environment. A series of policy recommendations is included.

 [Report \(.pdf\)](#)

ISSUE BRIEF: This research brief summarizes the report *California's Health Care Workforce: Readiness for the ACA Era*. The brief and corresponding report explore the current and future capacity of California's health care workforce to meet the expected increase in demand resulting from expanded insurance coverage under the Patient Protection and Affordable Care Act (ACA). Both documents present data, analyses, and policy recommendations for addressing the workforce challenges presented by the ACA.

 [Issue Brief \(.pdf\)](#)

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Southcentral Foundation—Nuka Model of Care Provides Career Growth for Frontline Staff

AUTHORS: Lisel Blash, Susan Chapman, Catherine Dower

Nurse Practitioners and Physician Assistants Providing Primary Care in California Community Clinics

AUTHORS: Susan Chapman, Catherine Dower



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Allied Health

California Licensed Audiologists

Between 1980 and 1995 the number of new licenses issued annually to practice as an audiologist in California was consistent. Since 1995, annual licenses issued have generally increased, but with very large fluctuations; the reasons for this are unknown but may be related to training program capacity. Applicants for licensure after 2008 were required to have a doctoral degree (as opposed to a master's degree), which could explain the drop in new licenses issued per year at that point. However, Figure 2 also shows an increasing number of dual audiology/speech-language pathology licenses issued annually (a recently established license type), which mirrors the recent decline in new audiology-alone licenses.

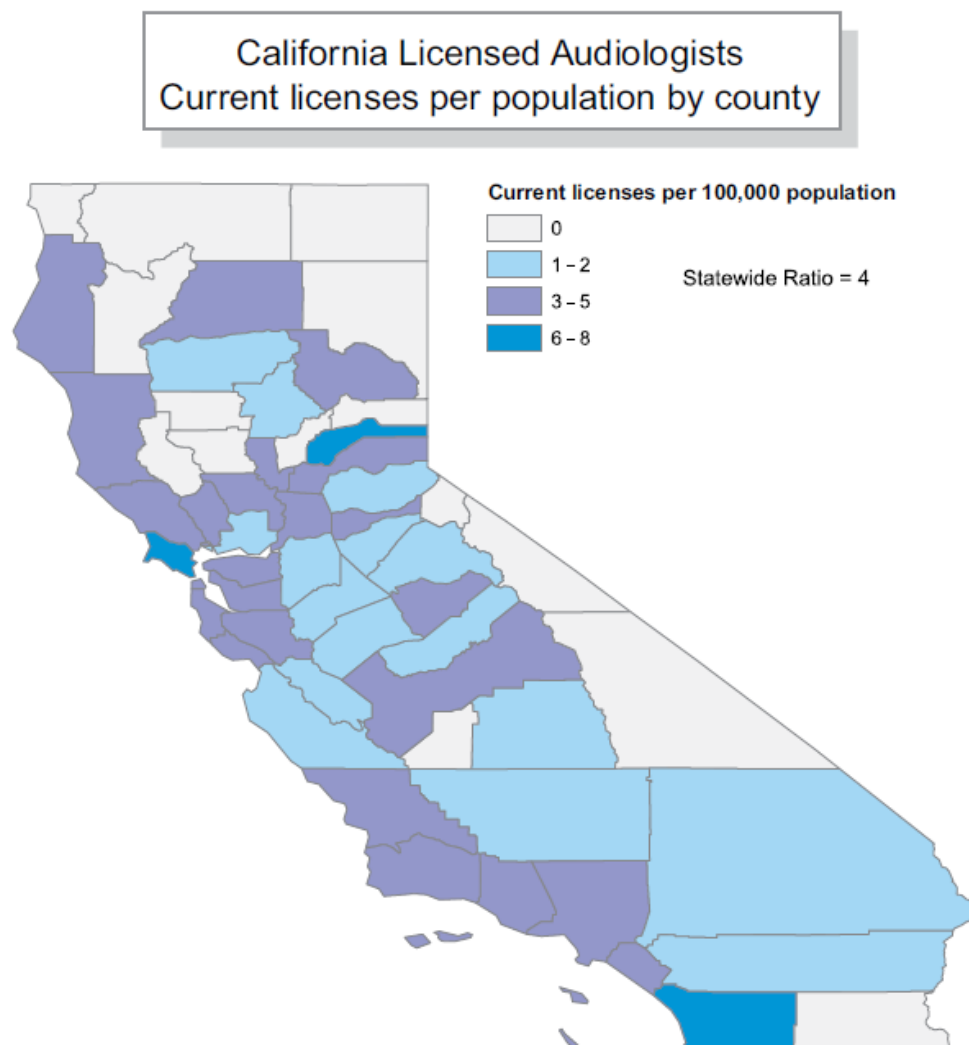
Figure 2. California licensed audiologists - new licenses issued per year: 1980 - 2010

The graph displays two data series over a 30-year period. The 'Audiology Licenses' series (solid blue line) shows a fluctuating but generally upward trend from 1980 to 2008, peaking at approximately 85 licenses per year, followed by a sharp decline to around 45 in 2009 and a slight recovery to 60 in 2010. The 'Dual Audiology/Speech Language Pathology Licenses' series (dashed cyan line) begins in 2000 at a very low level and shows a consistent upward trend, reaching approximately 55 licenses per year by 2010.

Year	Audiology Licenses	Dual Audiology/Speech Language Pathology Licenses
1980	42	0
1985	43	0
1990	38	0
1995	40	0
2000	78	1
2005	82	12
2008	85	30
2009	45	50
2010	60	55

As of February 2011, there were 1,323 individuals with a California address in possession of a current and valid license to practice as an audiologist in the state. Audiology is a small workforce and these data show that approximately one-quarter of the counties in the state do not have any currently practicing audiologists, and another 25 percent have audiologist per population ratios less than one-half the state-wide ratio. This raises the question of whether California's supply of audiologists is adequate to meet the demand for services.

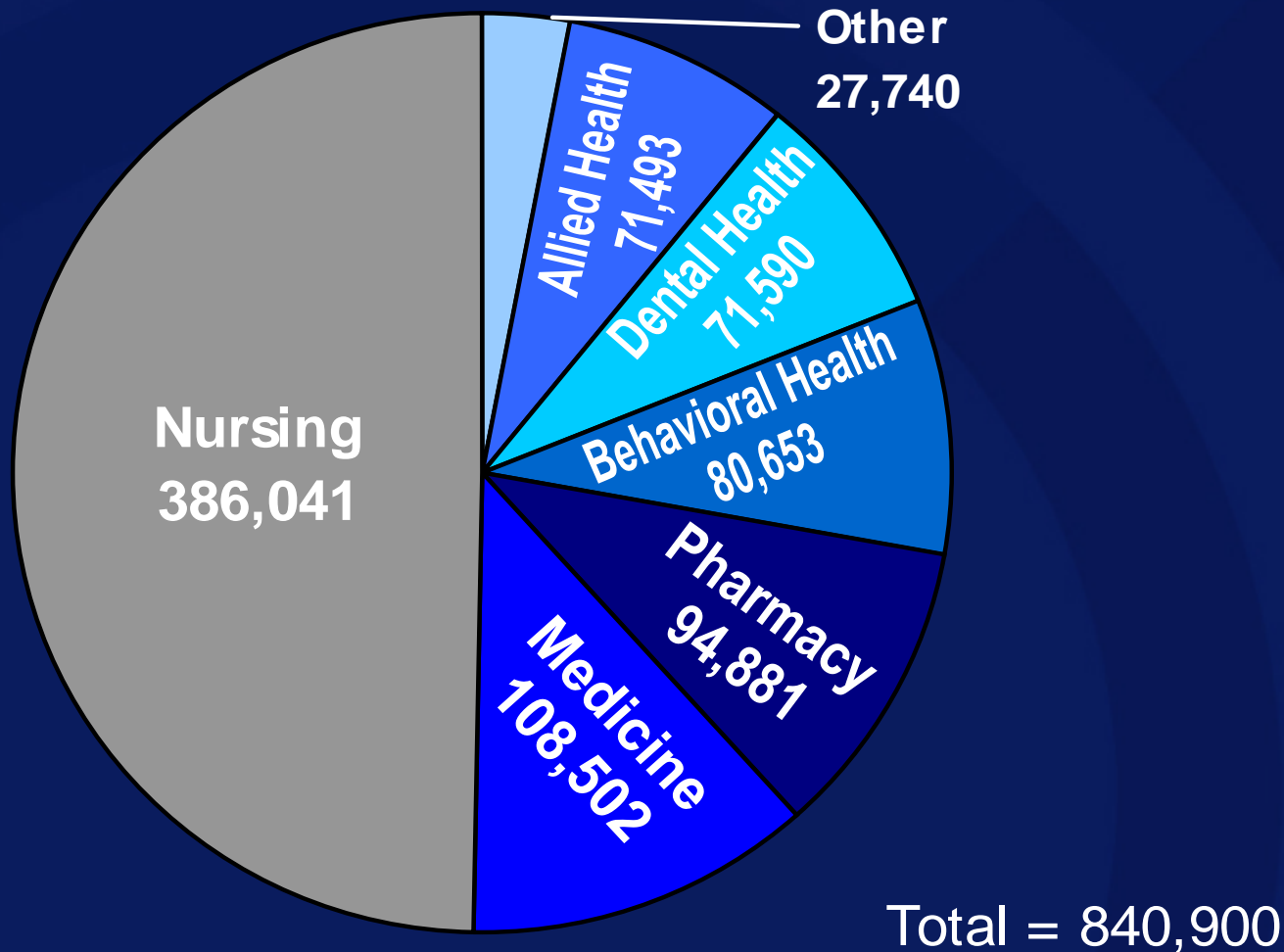
Map 2. Current California audiologist licenses per population by county



Key Findings

- Health workforce major part of labor sector
- Continued growth
- Significant maldistribution
- Growing population, more diverse population, aging population, changing disease burden
- ACA implementation will strain primary care providers first

California's Licensed and Registered Health Care Workforce—February 2011



Big Questions

1. What are the drivers that affect workforce quantity and quality?
2. Can the current health care workforce meet the changes in demand?
3. Are there other sources of health workers?
4. Do we educate enough providers to meet the state's growing needs?
5. Are our health care professionals reflective of the state's racial and ethnic diversity?
6. What policy solutions can help California meet changing demands?

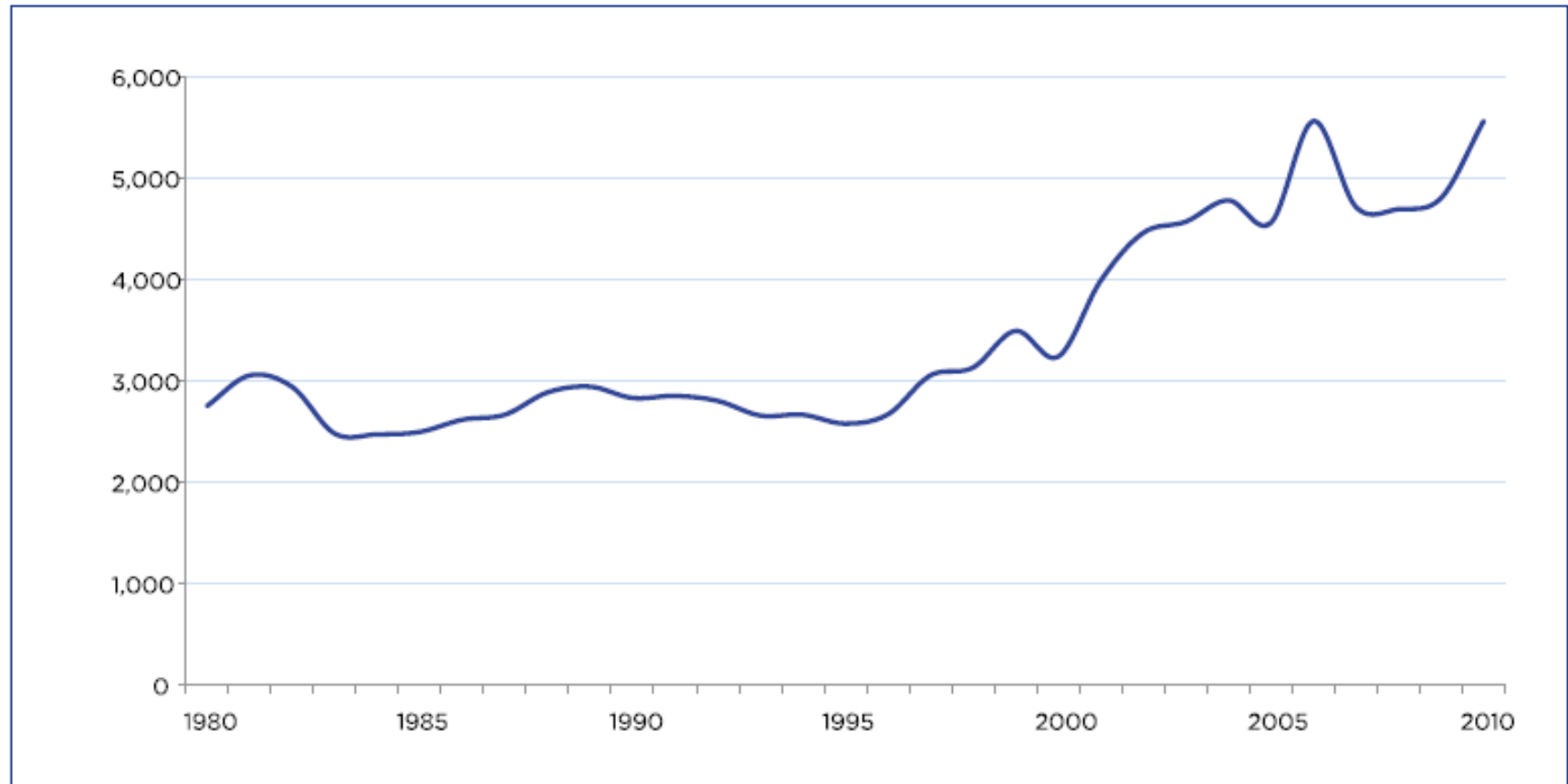
What drivers affect the quantity & quality of California's health care workforce?

- Demographic shifts
 - Aging, growing population
 - Increasingly diverse, ESL population
- Growth in health information technology (EHR)
- New models of care
- Patient Protection and Affordable Care Act
 - 3-4 million newly insured in California

Can the current health care workforce meet the changes in demand?

- Maldistribution is the biggest challenge
- Lack of cultural / linguistic concordance may limit access
- Incomplete or insufficient data limits workforce planning
- Primary care is likely to be the most impacted by the increase in demand

Figure 36. California licensed physicians – new licenses issued per year:
1980 – 2010



Source: CA Dept. of Consumer Affairs, Professional License Masterfile, February 2011

Table 2. California physicians per 100,000 population ratios by county: Comparing data from the DCA Masterfile and California Medical Board survey

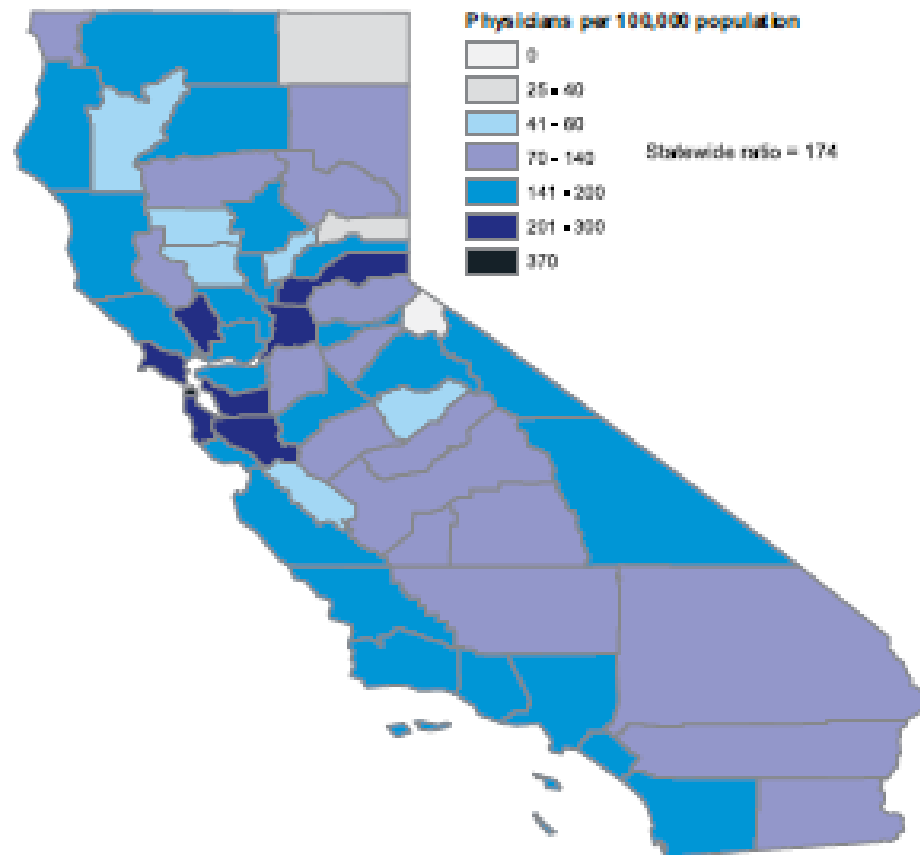
County	DCA Masterfile	Medical Board	County	DCA Masterfile	Medical Board
Alameda	288	211	Orange	293	185
Alpine	85	0	Placer	266	219
Amador	168	145	Plumas	135	111
Butte	205	177	Riverside	120	99
Calaveras	108	71	Sacramento	300	201
Colusa	47	53	San Benito	47	58
Contra Costa	271	190	San Bernardino	173	121
Del Norte	140	116	San Diego	294	187
El Dorado	149	111	San Francisco	719	370
Fresno	190	135	San Joaquin	147	128
Glenn	36	43	San Luis Obispo	273	197
Humboldt	201	182	San Mateo	355	213
Imperial	77	80	Santa Barbara	256	183
Inyo	216	200	Santa Clara	387	239
Kern	130	111	Santa Cruz	247	170
Kings	90	76	Shasta	238	191
Lake	111	118	Sierra	0	27
Lassen	106	94	Siskiyou	165	150
Los Angeles	272	176	Solano	205	181
Madera	123	125	Sonoma	259	200
Marin	521	272	Stanislaus	176	142
Mariposa	60	53	Sutter	193	170
Mendocino	214	173	Tehama	74	82
Merced	88	81	Trinity	36	47
Modoc	21	28	Tulare	104	98
Mono	211	160	Tuolumne	222	167
Monterey	197	155	Ventura	195	159
Napa	322	231	Yolo	234	142
Nevada	288	170	Yuba	60	60
California	259	174			

Sources: CA Dept. of Consumer Affairs, Professional license masterfile, February 2011; 2010 Census Summary File 1; Grumbach, K., Chattopadhyay, A., Bindman, A. (2009). Fewer and More Specialized: A New Assessment of Physician Supply in California. Oakland, CA: California HealthCare Foundation.

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Map 35. 2008 California active patient care physicians per population by county

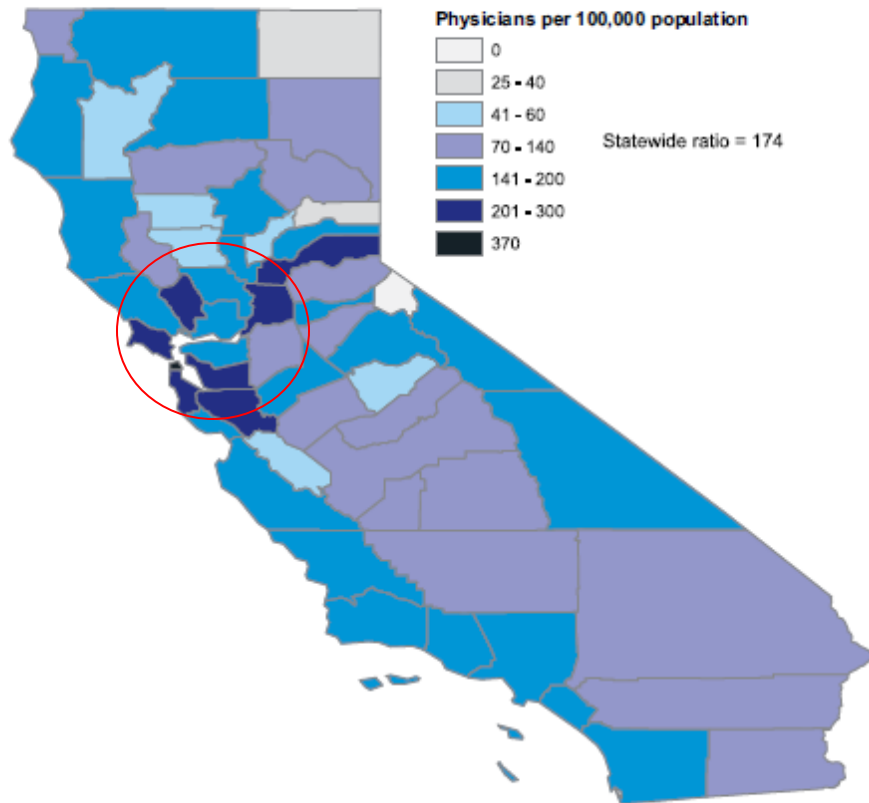
California Physicians Active in Patient Care
2008 Active patient care physicians per population by county



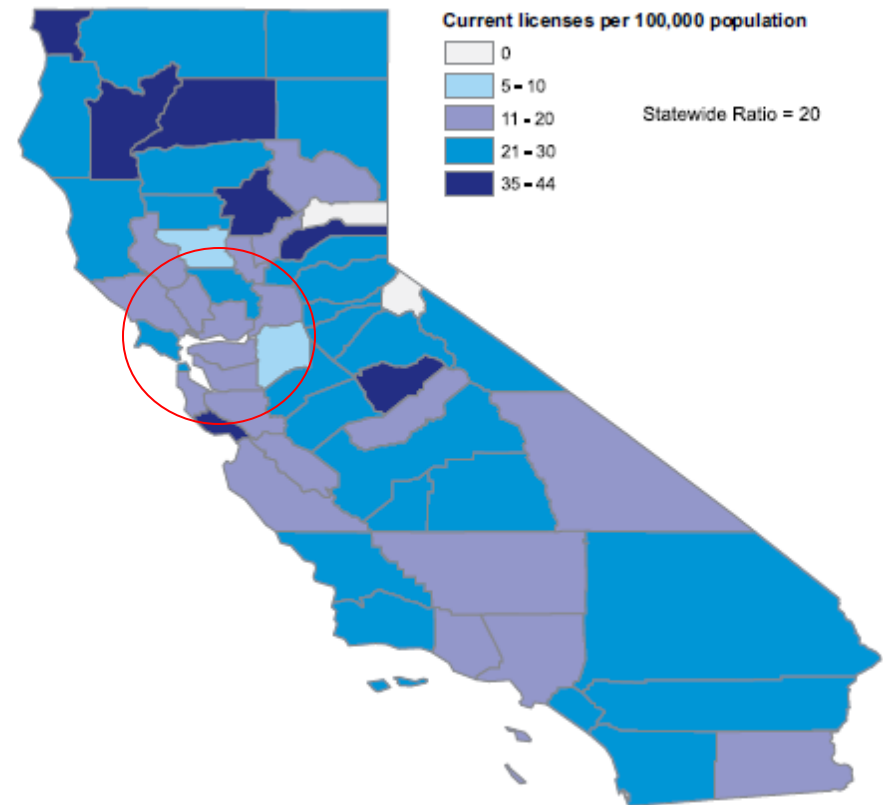
Source: Grumbach, K., Chattopadhyay, A., Bindman, A. 2009. *Fewer and More: Specialized: A New Assessment of Physician Supply in California*. California HealthCare Foundation, Oakland, California

Distribution of Primary Care Physicians and Physician Assistants

California Physicians Active in Patient Care
2008 Active patient care physicians per population by county

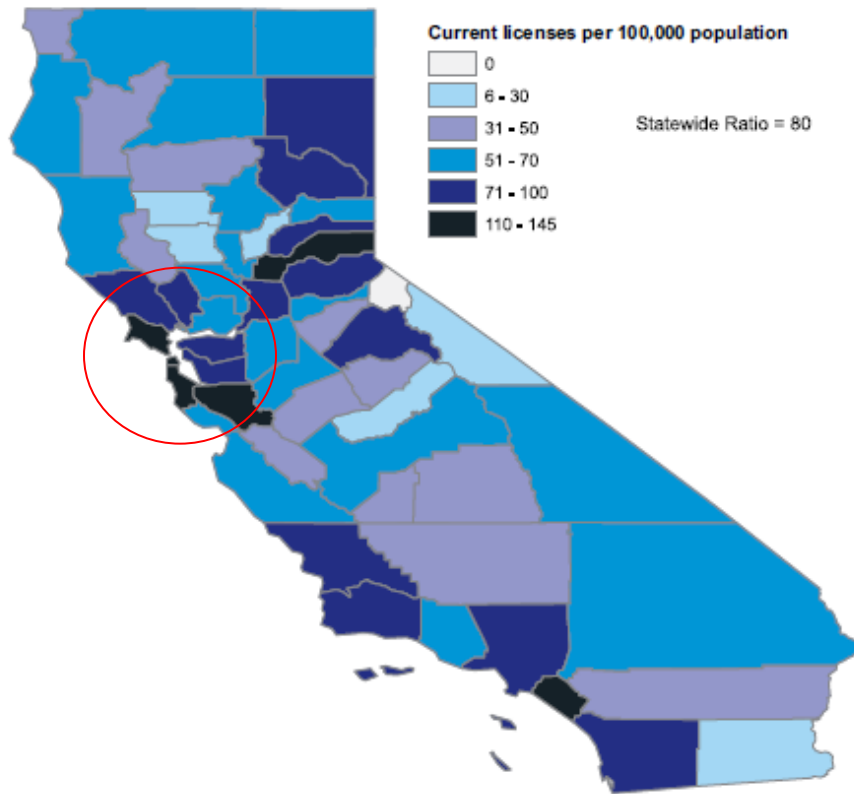


California Licensed Physician Assistants
Current licenses per population by county



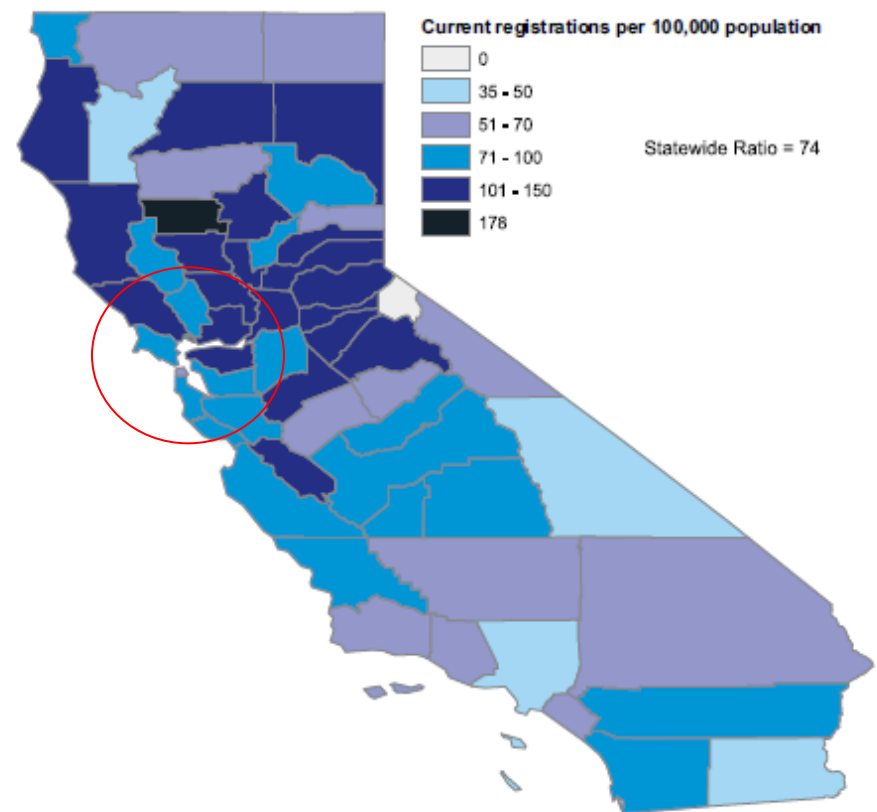
Distribution of Dentists and Dental Assistants

California Licensed Dentists
Current licenses per population by county



Includes active licenses reported as "clear" or "valid" (primary status code = 1000)
County distribution is based on individual's address of record
Sources: CA Dept. of Consumer Affairs, Professional License Masterfile, February 2011;
2010 Census Summary File 1

California Registered Dental Assistants
Current registrations per population by county



Includes active licenses reported as "clear" or "valid" (primary status code = 1000)
County distribution is based on individual's address of record
Sources: CA Dept. of Consumer Affairs, Professional License Masterfile, February 2011;
2010 Census Summary File 1

Solutions: Improving Supply, Distribution, and Workforce Practice Models

- Increase training & residency opportunities in under-served areas
- Expand loan repayment programs for practicing in underserved areas
- Enhance telehealth
- Expand legal scope of practice for NPs & PAs
- Improve workforce data collection
- Strengthen the capacity of safety net providers

Are there other sources of health professionals?

- California relies on foreign trained professionals, particularly in primary care:
 - 31% of primary care physicians
 - 24% of nurses
- Need better data on emigration of health professionals trained in California

Do we educate enough providers to meet the state's growing needs?

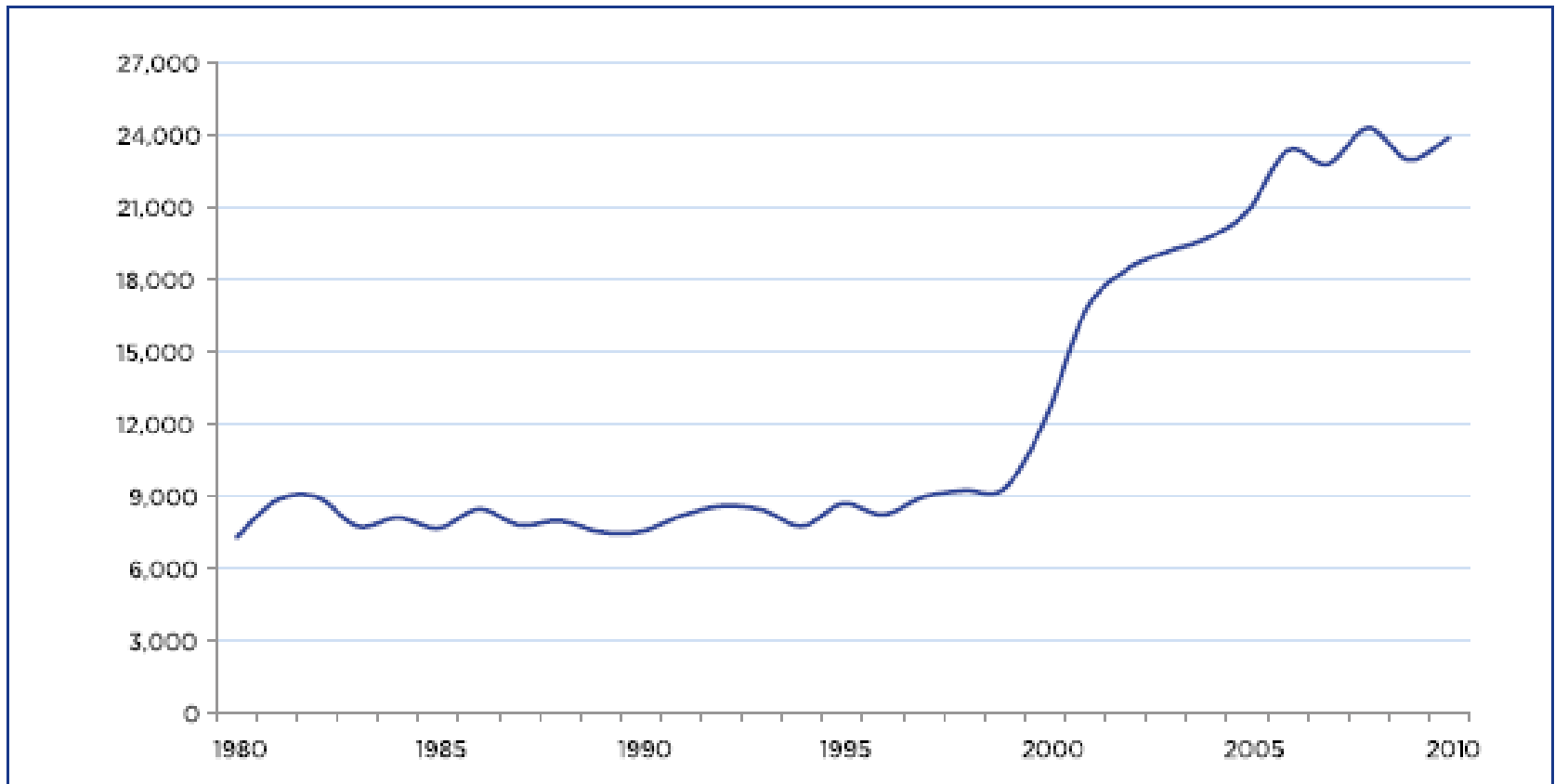
- Decrease in family medicine residency slots
- Oversubscribed training programs
- High attrition rates in many CC allied health training programs
- Low graduation rates for URMs make it difficult to diversify some health professions
- More HIT professionals and training needed

Solutions: Improving the Education Pipeline

- Encourage medical students to practice in primary care
- Refocus some education resources on NP & PA training
- Enhance retention in CC health careers programs
- Invest more equitably in primary and secondary (K-12) education programs

Expansion of nursing programs *has* increased the supply of nurses

Figure 24. California licensed registered nurses - new licenses issued per year: 1980 - 2010



Source: CA Dept. of Consumer Affairs, Professional License Masterfile, February 2011

Are our health care professionals reflective of the state's racial and ethnic diversity?

- 5 percent of MDs are Latino
- 7 percent of DDSs are Latino
- 21 percent of PAs are Latino
- 37 percent of CA residents are Latino
- Newly eligible for subsidies or Medi-Cal (CPEHN 2010):
 - More than half will be people of color
 - 32-51% of the adults speak English less than well

Solutions: Increasing Diversity

- Invest in interpretation
- Train CHWs, promotorás, & health educators
- Build career ladders for the (diverse) allied health professions
- Evaluate & replicate models that work to enroll & retain URMs in training programs
- Including communities of color in the planning processes for ACA implementation

California's Health Care Workforce: Moving Forward

Challenge

- Growing pressure on safety net providers
- Geographic maldistribution of workforce
- Diversity challenges

Promise

- Continued job growth despite the recession
- New finance and delivery models may decrease costs --improve access and quality of care
- HIT leveraged to facilitate new models of care

California's Health Care Workforce: Readiness for the ACA Era

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